

The effectiveness of occupational health policies in promoting HIV/AIDS
management within organisations

by

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Abstract

The ever-growing concern on the impact of HIV/Aids in the workplace depends on the commitment and leadership from all stakeholders, not just government. Little attention is paid to the role of business and their inactivity in responding to the challenges of HIV/Aids in the workplace other than ineffective policies, written by management for management. It is sad to say that too many businesses still do not regard HIV/Aids as a major threat to their businesses. HIV/ AIDS affects, among other elements, staff morale, public perceptions of the organization, institutional memory, labour relations, and the community in which the organization is situated. Employees spend most of the days at work and those infected with HIV/Aids can extend their lives and health through the interventions provided for in the workplace. The current study observed practices throughout industries employed to assist employees, their families and communities living with HIV/Aids. In order to understand the real impact of workplace policies which aims to assist in prevention, detection and control strategies, the Occupational Health protocols were investigated to understand how best it could add value to the current situation. A focused research questionnaire – was used based on the integration of occupational health programmes in the workplace was used to establish views regarding specific workplace interventions which is aimed at addressing HIV/Aids in the workplace as well as to verify the existence of employee wellness related workplace programmes. The study mainly observes the challenges with the implementation of HIV/Aids policies in isolation with other workplace and human resources assistance available to employees to participate in. It looks at the advantages of integrated solutions within the workplace and implementation deficiencies due to lack of integrated processes. These include EAP, disease management, occupational health and safety. Urgent action is required, perhaps business is ready for an institutional audit to assess the health status of its business.

The Opsomming

Die steeds-toenemende besorgdheid oor MIV/Vigs in die werksplek vereis toewyding van alle sektore van die ekonomie en nie net van die Suid-Afrikaanse regering nie. Dit is baie jammer dat baie ondernemings in Suid-Afrika nog steeds nie MIV/Vigs as 'n bedreiging sien nie en derhalwe dikwels nie veel doen aan die bestuur daarvan nie.

Die doel van hierdie studie is om die protokolle van Beroepsgesondheid te ontleed ten einde 'n beter begrip te kry hoe werkplekprogramme kan bydra tot die meer effektiewe bestuur van MIV/Vigs. 'n Vraelys is gebruik om inligting by verskillende ondernemings te versamel en resultate van die ondersoek word gerapporteer. Die voordele van werksplekprogramme word uitgelig en die voordele van werknemberbystandsprogramme, beroepsgesondheidsprogramme en veiligheidsprogramme word uitgespel.

Die gevolgtrekking van die studie is dat dringende aandag aan werksplekprogramme gegee moet word ten einde te verseker dat Suid-Afrikaanse ondernemings 'n daadwerklike bydrae tot die doeltreffende bestuur van MIV/Vigs in die werksplek maak.

Declaration

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Dedication

To Ants , thanks for your unequivocal support, time, and love.

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Acronyms

AIDS Acquired Immune Deficiency Syndrome

ART Anti-Retroviral Treatment

EAP Employee Assistance Programme

EEA Employment Equity Act

GBC Global Business Coalition on HIV/AIDS

GRI Global Reporting Initiative

HIV Human Immunodeficiency Virus

ILO International Labour Organisation

KAP Knowledge, Attitudes and Practices

LRA Labour Relations Act

OHS Occupational Health and Safety

SPSS Statistical Package for the Social Science

STI Sexually Transmitted Infection

VCT Voluntary Counselling and Testing

WHO World Health Organisation ARV's Anti Retro Viral

Chapter 1. Background to Study

At the moment, there is no cure for the chronic disease of AIDS; and given the scale and magnitude of the disastrous effect of the disease, it is noble to introduce strategies that can go a long way in slowing the effects as well as the transmission of the disease. It has come to realization that the social impact of the HIV/AIDS epidemic has negative effects especially in the workplace where hundreds of productive employees succumb to the deadly disease every day in different places.

Whilst many employees are guided by the traditional legal approach to workplace health and safety which centers on the understanding of employers' common law of duty care according to which, the employer often has a duty care to the safety of the employee, during the contemporary period; it is increasingly becoming popular that even the employee has a duty to meaningfully contribute to the cause of HIV and AIDS epidemic particularly at the work place since it is wiping out the productive employees (Benjamin & Barry 2006). The productive age group is mainly affected and effort should be made to contain the catastrophic situation.

The regulation of health and safety is a complex and difficult subject to understand since there is no single, universally agreed policy that compels all the companies to adhere to a specific framework in their operations. With the growing concern about the impacts of the HIV/AIDS pandemic which has ravaged across the spectrum especially on the productive age group, organisations have realized that there is an urgent need to formulate the policies that are meant to raise awareness of the dangers of the deadly virus in their respective organisations. There are many people who still believe that the AIDS epidemic is a myth and there is unusual ignorance, stigma and discrimination surrounding the disease. This negative attitude is not only painful to the infected person but it stretches to the family, community as well as the employer who will lose a useful employee. Against this background, there is growing consensus that this disease must be treated with respect just like any other life threatening disease. However, for the sake of economic development, the employer should have a special obligation to suggest and implement appropriate policies at workplaces as a way of trying to mitigate the impacts of this deadly disease.

There is a wide variety of response available for business as far as the management of HIV/AIDS is concerned. However, much still needs to be done to integrate Occupational Health and Safety. It is agreed that HIV/AIDS is a workplace issue,

much has yet to be said how this is implemented and monitored, as these are often neglected. Employers have the necessary resources and are in a better position to assist employees to either further prevent the spread of HIV or control the impact it has on business.

National Occupational Safety Association HIV/AIDS Management System

In 2003 Debswana, in consultation with the National Occupational Safety Association (NOSA), developed an auditing system standard for the management of HIV/AIDS in the workplace; the *HIV/AIDS Management System* (AMS 16001).

The AMS 16001 and the accompanying guideline document, AMS 16004, was based on the quality management system standard of ISO 9001:2000, ISO 14001:1996 and OHSAS 18001:1999 (NOSA, 2003) and was designed to allow for the measurement of company conformance to pre-determined HIV/AIDS management standards (Smith, 2004).

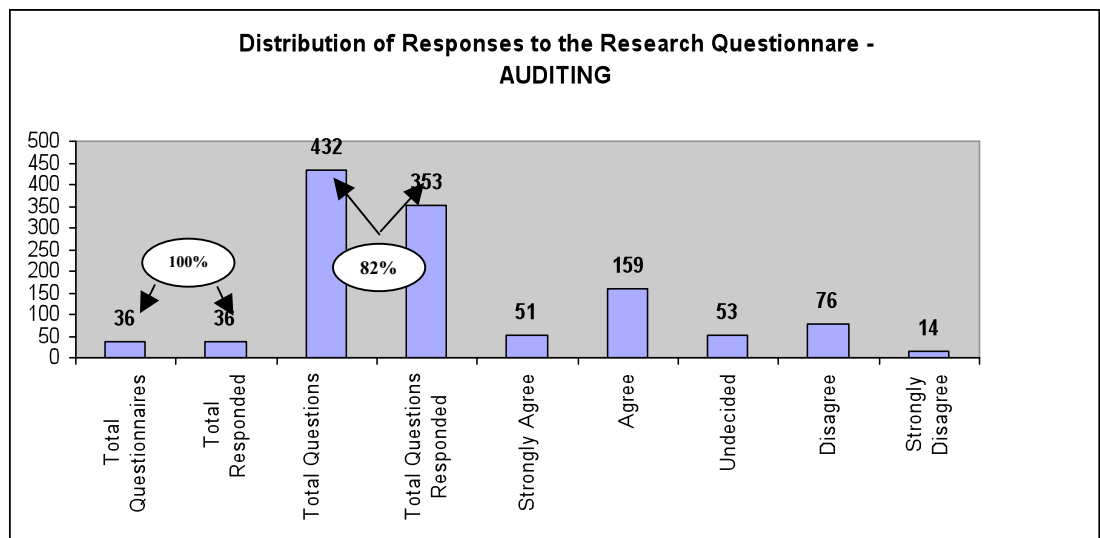


Table 1.1 Response on whether company HIV/AIDS Policies are audited on a regular basis - Distribution in responses to research questionnaire

Despite Unified HIV/AIDS standards such as the ISO series including SANS 16001 throughout industries are lacking as far as implementation is concerned. Majority of respondents agree that their organisations do not audit HIV/Aids policies and programmes sufficiently to determine whether there is any impact within the workplace.

It is expected that the interest in workplace HIV/AIDS strategies broaden , however, companies must increasingly begin to look for interventions that deliver favourable outcomes, such as the auditing and implementation of structured programmes such as

SANS 16001 for the interest and benefit for employees and not only for the return of investment for their operations. In an attempt to guide the response of companies to HIV/AIDS in this quest, several codes and guidelines have begun to promote a range of examples of 'best practice', as to the development and implementation of Policies and standards. The problem is that workplace health and safety is regulated and is strictly managed and reported. Therefore safety will take precedence in most organisations when it comes to health and safety programmes. Most organisations lack understanding of the "health" aspects of the programme. Most safety professionals have some understanding of what programmes to implement as far as occupational health is concerned. However, attention from an occupational health professional is lacking as far as safety programmes are concerned.

The safety professional's role is to manage both health and safety though there is the argument that risky sexual behaviour is a personal matter and therefore it is the responsibility of the individual employee to avoid HIV infection. For this reason, company officials still avoid looking closely at the costs of HIV/AIDS believing that somehow their employees and the company will not be affected. In some instances, businesses have declined to become involved in social or health issues arguing that these are the responsibility of government or medical establishments. It is necessary that organizations understand that HIV/AIDS is a workplace issue and there is a need for the employer to provide a safe and healthy workplace. In doing so, the process of recruitment of employees have to ensure that prospective employees are "fit" to do the job. This shall be incorporated into the recruitment process through measures such as job profiles for employees as per the workplace hazards.

There is general agreement that the two disciplines are difficult to integrate, hence the priorities are sometimes confused. Safety professionals end up with having to manage both portfolios but it is rare that an occupational Health professional manages the two portfolios. This is where the issue of Occupational Health comes into effect as far as HIV/AIDS management is concerned. Occupational health should take precedence in terms of giving an employee a "fitness" certificate to work. However, this rarely happens as fitness to work only relates to the Occupational Health programmes are an essential service for the protection of employees' health at work, for promotion of health, well-being and work ability, as well as for prevention of ill-health and accidents occupational hazards within the workplace and the job profile of the

employee. In order to gain such benefits from Occupational Health programmes, the relevance, competence and quality of services need to be ensured. In other words, the programmes as it relates to HIV/Aids need to respond to the real needs of the employees and the organisation. In the primary health care (PHC) services, the PHC worker needs to know what the communicable disease, STI's, HIV/Aids, TB related infections etc, is he or she is dealing with, and what the methods of choice are to prevent and control diseases. Also the OHS staff need to know the most important occupational health hazards and their origin, nature and means for prevention. This implies that organisations do not audit their procedures and policies, then how do they commit on board level the management of their HIV/AIDS prevalence rates? This in itself poses a risk to the organisation.

What is excluded is the need for an employee to disclose his/her HIV status prior to engagement and during his/her employment within an organization. The Constitution needs to be upheld here at all times. Employees may be placed in a position where the work (job activities) hazards may further exacerbate the medical fitness of the employee in case he or she is exposed to these hazards such as dusts, fumes for instance. An Occupational Health professional may not initially know that a prospective employee is "ill" and may in turn declare him or her fit for the position. The level of fitness may be indeed correct at the time of engagement. However, when an employee is taking medication such as ARV's, their medical "fitness" may change drastically depending on their overall health and well-being. Although ARV medication improves the overall health of an HIV infected person in most cases, one needs to take cognizance of the side effects of the medication. A medical surveillance programme before and during employment cannot be completely correct by stating an employee is "fit". The surveillance of the work environment is one of the key, ***if not, most critical*** activities of the Occupational Health programme. It is carried out for the identification of hazardous exposures and other conditions of work, identification of exposed employees, and assessment of the levels of exposures for various groups of employees. At best, surveillance is made by regular walk-through surveys by a multidisciplinary occupational health team supplemented by employers' and employees' representatives. In smaller companies it may be done by the occupational health personnel alone together with the representatives of employees and the employer. The surveillance of employees' health is made through various types of health examinations, as depicted in Figure 1.

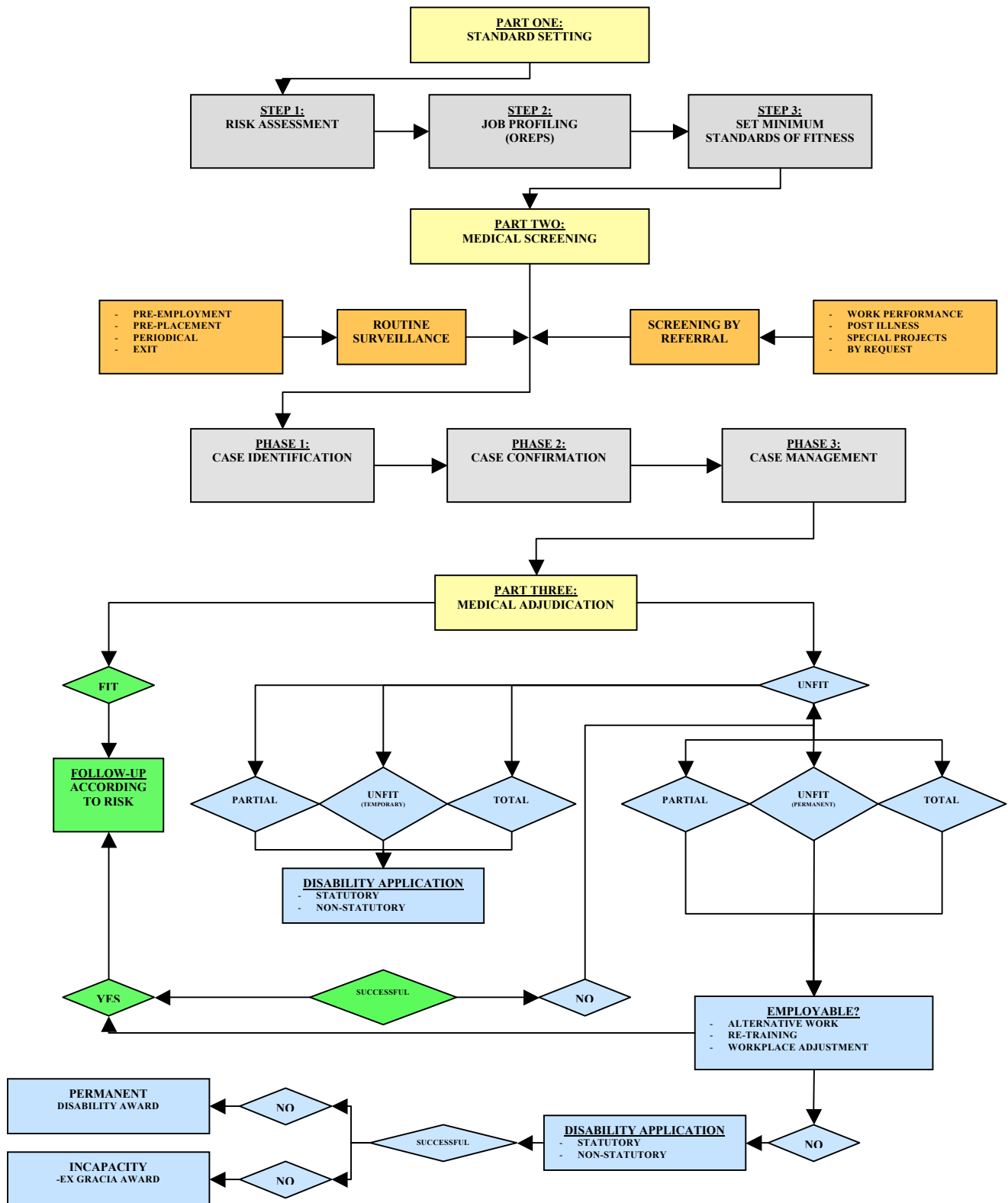


Figure 1.1 Medical Surveillance processes - Determining fit for work- Adapted from Synergee Medical Surveillance

The main purpose of health examinations is to assess the suitability of a worker to carry out certain jobs, to assess any health impairment which may be related to the exposure to harmful agents inherent in the work process, and to identify cases of

occupational diseases which may have resulted from exposure at work. They are also used to check the ultimate effect of preventive actions and, for example, for assessing work ability of employees. Health examinations may also help in making observations on early effects, which have not yet developed a disease.

Medical certificates for fitness are issued on the basis of risk and exposure to workplace hazards. The medical fitness certificate which indicates that an employee is fit to work in reality is “flawed”.

Thus, in dealing with the HIV/AIDS issue at workplaces, it is imperative that people ought to know the facts about AIDS, know the legal concern about AIDS, know their role in AIDS education and related employee counselling and better be positioned to overcome unfounded fears associated with the pandemic. HIV infected employees should also be treated in a humane way and it is essential that they continue their employment without being discriminated against. In some cases, there would be need to see if the infected person is fit to continue working. Against this background, the study seeks to explore the effectiveness of employee involvement at the workplace with regards to fighting against the deadly epidemic.

1.1.1 Importance of the Study

At the moment there is no sure for AIDS and there is no vaccine for HIV. The workplace is an important aspect of an employees' life. This is the place where time and sweat is exchanged for money or some form of compensation. It is only fit those solutions to the HIV/Aids epidemic is well woven into this important facet of our lives. For some employees the workplace is their “life”. What better place to start with any educational or medical interventions for HIV/Aids prevention, promotion and reduction in the spread of the disease, than the workplace. It is also an avenue which is opening more doors for women who are key to the reducing the impact of HIV in South Africa. According to Minister Aaron Motsoaledi, who released the countries 20th antenatal HIV survey,” the biggest increase was among women aged 35 to 39, where there was a jump of 6% to 35%”, this indicates that women are not infected earlier, rather.

The ILO suggests that the effect of HIV/AIDS cuts across all sectors of economic activity and all areas of social life and that it knows no racial, gender, age or social boundaries (ILO, 2003). With this in mind, HIV/AIDS has the potential to become a

factor that affects organisations of all sizes and employees at all levels (FHI. 2002). In this section the author explores the broad range of effects that HIV/AIDS has on companies in South Africa that they are surviving longer because of they are on anti retroviral medication. The importance of this is that although the government is showing its commitment, it cannot fight this epidemic alone. In the long run all affected parties, especially business, must play a bigger role in advocacy and leadership. Businesses have the structures and resources to better look after employees and hence the importance of including Occupational Health as a strategic solution to the workplace HIV/Aids programme. Employers have the necessary policies, which require full participation; however they do lack sincerity and full implementation. HIV/Aids polices should assist employees to fully and effectively deal with workplace issues.

For safety professionals this is an important facet of the workplace safety programme as they have an important role to play in designing behavioural strategies which are linked to workplace health and safety programmes, in responding to the AIDS epidemic. Programmes such as Occupational Health in turn provides an opportunity to expand employee health and wellness research, whether it be on behaviour change, prevention of occupational hazards or on the needs of people and families who are coping with a long-term disease, and on integrated approaches to meeting the needs of employees affected by the AIDS epidemic. Safety Professionals also have the opportunity to contribute the results of decades of behavioural research as well as to workplace health and safety programmes to extend their understanding of the problems associated with employee's health, as far as the workplace is concerned. This study will also lead to future strategies, which do not only depend on government interventions and medication, but interventions, which will make the life of the employee simpler and healthier.

For developing countries, resources are scarce. Many organizations are ploughing millions of dollars into vaccine research, yet some of the simple solutions rest with employers. Should all the valuable time and money be spent on vaccines and medication? or should the resources be allocated to the employee directly. This is where the Debswana case study is a perfect example of industry taking the lead with some of the interventions. Out of the box thinking and action to deal with the epidemic.

1.1.2 Rationale of study

AIDS is one of the most difficult issues to deal with in the modern world. Statistics show a gloomy picture about the impacts of the disease. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are over 34 million people living with HIV in the world now. Apparently, most of them do not know they carry the virus and may be spreading it to others. In the U.S., nearly one million people have HIV infection which is roughly one out of every 250 people. At least 40,000 Americans become newly infected with HIV each year, and it is estimated that half of all people with HIV in the U.S. have not been tested and do not know they are carrying the virus. Since the beginning of the epidemic, AIDS has killed nearly 19 million people worldwide, including some 425,000 Americans. AIDS has replaced malaria and tuberculosis as the world's deadliest infectious disease among adults and is the fourth leading cause of death worldwide. Over 13 million children have been orphaned by the epidemic (<http://www.thebody.com/content/art32981.html>). The most infected group is the productive employees. Hence, this study is important in that it seeks to suggest some of the measures that can be put in place at workplaces in order to mitigate the severe impacts of the epidemic.

1.1.3 Objectives of study

Effective involvement of the employees in AIDS related initiatives in the workplace can positively change the thinking process of human mind since they are given the opportunity give different opinions regarding this deadly epidemic.

Therefore, the main objectives of the research study are as follows:

- The establish to what extent occupational health policies are effective in promoting HIV/Aids management programmes within organisations
- To establish the effects of employee participation with regards to minimising impacts of AIDS in the workplace
- To investigate necessary details required in raising awareness among the employees
- To analyse how different employees respond to the impacts of the epidemic.

1.1.4 Research question

The research question that is intended to be answered as a result of this research is:
“To establish the effectiveness of occupational health policies in promoting HIV/AIDS management within organisations”

Sub research questions

- Is involvement effective in educating the employees about HIV/AIDS?
- To what extent can raising HIV/AIDS awareness among employees reduce its spread?
- What are the benefits of Occupational Health Policies, HIV/AIDS management in the workplace?

Chapter 2. Literature review

2.1.1 AIDS transmission symptoms

The HIV/AIDS virus is transformed mainly through sexual contact. Having unprotected sex with an infected person is highly risk and the chance of contracting the virus are very high. Having multiple sex partners also increases the risk of contracting the disease hence the need to abstain from the bad practice or alternatively use condoms. HIV is also transmitted through blood contact especially from sharing sharp objects as razors and needles. In some cases, contracting HIV/AIDS is purely accidental where for instance a person can contract it at workplace even without indulging in any sexual activities. Those in the healthcare field often have high risks of accidentally contracting the virus. However, the bottom line is that AIDS is something that we have to accept and live with since there is no cure at the moment.

There are various symptoms that can be observed in a person who has the deadly disease. Fatigue or generally feeling weak is one symptom that can be associated with the virus. In order to mitigate the effects of the virus, it is recommended that the person gets tested for the virus so that he can take appropriate steps. Indeed, a person can be HIV positive but can still live longer by taking the necessary steps to reduce the effects of the virus in the body. Involuntary weight loss is another notable symptom that is associated with the deadly virus. Diarrhoea and persistent fevers are some of the symptoms of HIV/AIDS. Other problems include skin problems and rashes. However, while there is no cure for the deadly disease, there are other remedies that can be used by infected people so as to reduce the effects of the virus in a way that would promote long life.

2.1.2 HIV/AIDS in the workplace

Occupational health is an area which looks at the effects of work on an employee's health and it is also used as a tool which advises an employer and employees on the effects of health at work and goes above and beyond the confines of health and safety compliance. The first step in dealing with AIDS in the company level is to develop a comprehensive company policy where health and safety professionals should be part of the team that drafts the initial policy and updates the existing policy (Goetsch 1996). AIDS is having widely felt impact in the workplace, particularly on employers. According to Minetos (cited in Goetsch 1996), employers are feeling the impact of AIDS on increased insurance premiums and health care costs, time-on-the-job losses, decreased productivity, stress, AIDS related lawsuits and related problems from

misconceptions about the pandemic. The first step then is the development of a company policy that ought to address some of the following: employee rights, testing and education which also encompass counseling about AIDS. The policy should be accommodative to the employees who have tested positive and should be treated with compassion where they can work as long as they want to. Efforts should be made so as to make reasonable allowances to HIV patients as well as allowing them private health insurance.

During the past periods, testing has been widely left to be voluntary but as a results of the increasing cases of HIV/AIDS cases in workplaces during the contemporary period, it has become imperative that the AIDS policy should make testing mandatory so as to allow the company to be better positioned to know its state of affairs with regards to the health of its employees. Whilst many people have come to know the impacts of AIDS, it has to be borne in mind that the body of knowledge continues to change hence the need to offer continual education with regards to this deadly epidemic as going to be explained later. Employees living positively ought to be treated in a fair manner and their status should not compromise their employment where they should be guided by the same contractual obligations as all the other employees. After an HIV/AIDS diagnosis, parties may agree on the appropriate medical examination to determine the employer's ability to continue performing his duties.

It is not appropriate for the employer to ask for specific medical findings and diagnoses from the health professional pertaining to the employee. The employer can request a fit to work assessment for appropriate reasons as long as protocols and regulations such as the Human Rights Code are followed, for instance the assessment is not used to rule out employment due to positive HIV infection. As mentioned, the employer typically only receives one of three conditions from the health professional: fit, unfit, or fit subject to work modifications. The last two conditions may be reported as temporary or permanent.

However, it is the employer's duty to accommodate the infected people. This means that an employer has a responsibility to ensure that all reasonable attempts have been made to modify the job, the job requirements, or the working conditions so that employment can continue in a way that is safe for the employee and co-employees.

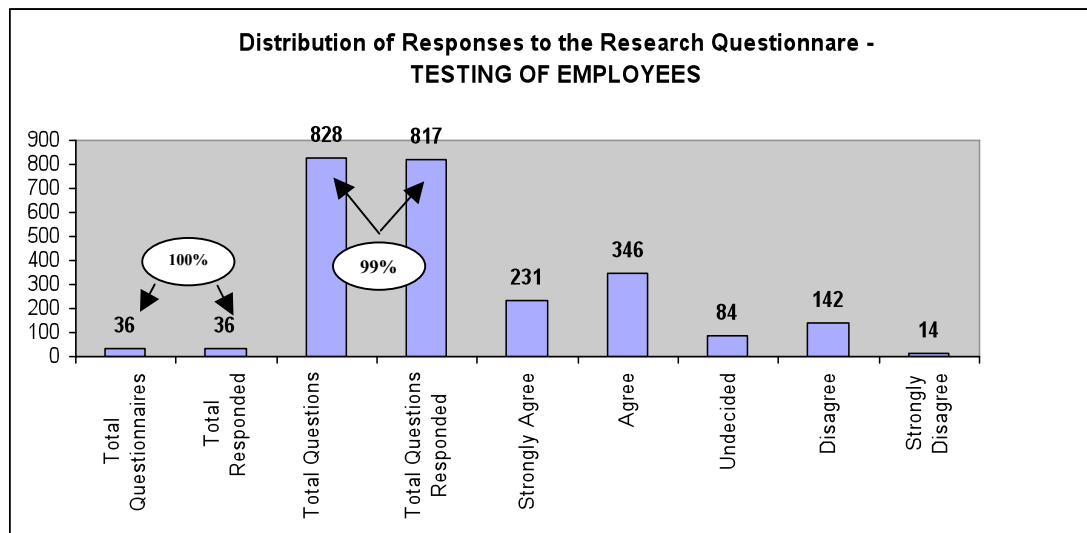


Table 2.1 Mandatory testing of employees - Distribution in responses to research questionnaire

2.1.3 Effective workplace

The effectiveness of organizational development is enhanced by the understanding of systems theory and people dynamics (Akabas and Kurzman, 2005). Most effective human resource people are those who are sensitive to the needs of the individual and the organization. Companies that care for the individuals are the most productive and it is very important in ensuring that organisations are effective in meeting both their goals as well as the needs of the employees. The health system in particular is one very sensitive issue which needs redressing especially in view of the health crisis caused by the AIDS pandemic particularly in Sub Saharan countries in Africa. Because of so many deaths occurring among the employees, it can be seen that this situation is causing misery among the bereaved family members for losing the breadwinner in most cases, increased strain is put on the recruitment efforts and productivity is impacted negatively. Against this background, it means that it is difficult to maintain continuity with work assignments. Hence there is a need for a comprehensive health and education awareness Programme at workplace in addition to giving extensive counselling as far as the HIV/AIDS pandemic is concerned (Akabas and Kurzman2005).

HIV/AIDS dramatically affects labour, setting back economic activity and social progress. The vast majority of people living with HIV/AIDS worldwide are between the ages of 15 and 49 – in the prime of their working live. For the sake of development of the organization, there is a need to take this course of action since the government may not be able to take up the commitment at small scale level. This stems from the understanding that employees might be more productive if personal

problems were ameliorated (Akabas and Kurzman2005). Thus, incorporating the family as well as relevant community institutions is vital for the success of this noble idea. The cost of providing the employees with traditional health and mental coverage as part of their benefit pack is vital as far as motivation is concerned but there is need for concerted effort with regards to the AIDS pandemic which has wreaked havoc across the spectrum where the employees have not been spared either. Contrary to popular opinion, both adult man and women now spend more time at work during the contemporary period and for employees, employment performs many functions including the provision of financial rewards, opportunities for expenditure of time and leisure, meaningful life experiences as well as supplementary social interactions (Akabas and Kurzman2005).

The issue of HIV/AIDS epidemic need a holistic approach to be tackled, hence the need for organisations to put in place policies that support structures that are meant to raise awareness among the employees on the dangers of risk behaviour with regards to the prevalence of the HIV virus. These structures also ought to be supportive where employees are encouraged to be truthful and know their status so that counselling can be offered by professional counsellors so as to promote productivity.

2.1.4 Need for involvement of all stakeholders and Service Providers

A report published in the Eighth Annual report (April 1985/ March 1986) of the Ontario Advisory council on occupational health and safety found that the ability of employee representatives to make a full contribution to health and safety was limited by the lack of information, training and resources available to them. In the same vein, while it is a noble idea to have policies in place that are meant to raise awareness of the dangers of HIV and AIDS at the workplace, the effectiveness of occupational health policies and procedures for promoting the HIV/AIDS management policy and Programme within organisations mainly rely on training, education and careful implementation plans that are fully integrated within the scope of the workplace.

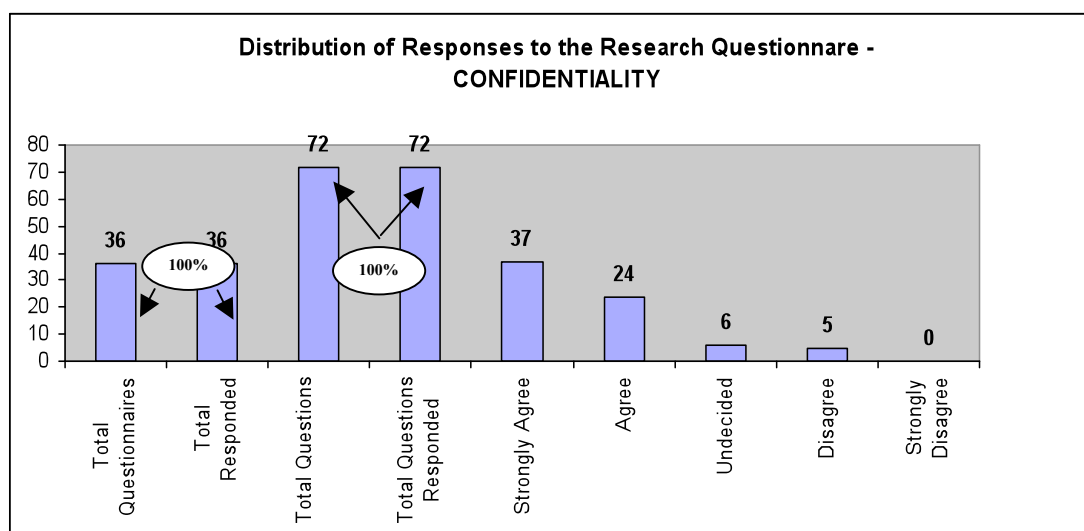


Table 3.1 - Effectiveness of Occupational Health Policies in promoting HIV/AIDS Management in the workplace - Distribution in responses to research questionnaire

Another extensive study of the operation of the British Health and safety at Work Act also came to a similar conclusion where it found that: firstly, a system of self-regulation of safety at local level can be effective only if adequately resourced, if related to nationally established standards and secondly, effective self-regulation of health policies in an organization are not often developed and maintained naturally but elements of governmental regulations are essential for the systems of self-regulation at national, industrial and local levels (Cambridge 1988).

2.1.5 Regulatory policies

Benjamin and Barry (1994:4) describe this approach to the regulation of health and safety as 'self-regulation.' The basic tenet of this approach is the due recognition of the limitations of the law as a viable method of health and safety especially with regards to the HIV/AIDS epidemic, the reason why it requires employers and employees to take responsibility through structures such as health and safety representatives and committees. It should be borne in mind that it remains the duty of the inspectorate from the labour ministry in any given country to ensure that the employers' safety management system is working so as to minimize high chances of disaster in the organisations.

It follows from this argument that ‘self-regulation’ does not totally disregard the role of the law in regulating occupational safety. It recognizes that the state remains on top of the situation and the safety standards must be set and the state has the duty to penalize especially those employers who do not comply with the statutory standards and regulations. In most cases, it is the responsibility of the government to take care of HIV/AIDS orphans which drains on the fiscal strength of the country. This epidemic is mainly affecting the young age group which is between 18 and 40 in most parts of the globe and this is the productive group hence the need for concerted efforts by both the private and public sectors to promote policies that are meant to raise awareness of the dangers of the epidemic with the aim of ultimately eradicating the spread of the virus especially among the productive age group.

In the study various business policies on HIV/Aids were looked at .It was apparent that a large percentage of HIV policies are weak and lack imputes. They do not effectively address HIV discrimination in the workplace. Policies are not monitored and evaluated for effectiveness.

2.1.6 Policy Development and Review

A workplace policy defines an organisation’s position on HIV/AIDS and spells out the way in which an organisation will deal with the epidemic (Smart, 2004). The policy should be agreed at board level and it should be seen as a part of the Chief Executive Officer’s responsibility to turn the policy into action (Sunter, 2004).

The World Economic Forum (WEF) reports that the presence of workplace.

HIV/AIDS policies varies with national prevalence and the size of the companies (WEF, 2006): in countries where prevalence exceeds twenty percent, the majority of companies have a HIV/AIDS policy and larger companies are more likely to have specific HIV/AIDS policies than small or medium size enterprises

Women are still vulnerable in the workplace as far as salary and positions are concerned and policies do not address concerns of discrimination of vulnerable employees such as women. Workplace induction programmes do not incorporate life skills approach into educational programmes. With evidence that skills-based sexual and reproductive health education promotes healthy lifestyles and reduces risky behaviour, organisations should integrate such an approach into their induction programmes and other workplace curricula. Sexually transmitted infection management must be addressed through the Occupational Health programme because

untreated sexually transmitted infections (STIs) increase the risk of HIV transmission by several orders of magnitude; STI control is a fundamental element of effective HIV prevention. Yet from the policies reviewed very few company reference this important aspect in their policies.

What an employer cannot do

An employer cannot:	Relevant legislation
Test a person for HIV unless deemed justifiable by the Labour Court	Section 7(2) of the Employment Equity Act
Demand to know a person's HIV status when applying for a job, in their employment or when they take sick leave	Common law and Section 14 of the Constitution of South Africa Act, No. 108 of 1996
Disclose an employee's HIV status to anyone without consent	Common law and Section 14 of the Constitution of South Africa Act, No. 108 of 1996
Dismiss an employee arbitrarily for being HIV-positive	Section 187(1)(f) of the Labour Relations Act, No. 66 of 1995
Unfairly discriminate against an HIV-positive employee	Section 6(1) of the Employment Equity Act
Provide an unsafe workplace where the risk of occupational exposure to HIV is not minimised	Section 8(1) of the Occupational Health and Safety Act, No. 85 of 1993 and Section 2(1) and Section 5(1) of the Mine Health and Safety Act, No. 29 of 1996

Source: Code of Good Practice on Key Aspects of HIV/AIDS and Employment

Figure 2.1 Employee Rights Framework – Relevant Legislation

2.1.7 Legal concerns

Health and safety professionals should be concerned about various legal considerations that are enshrined in the respective countries' legal framework. In US for instance, Rehabilitation Act of 1973, Occupational Health Safety Act of 1970 and Employee Retirement Income System Act of 1974 were primarily enacted to protect the handicapped employees against discrimination and ill treatment (Goetsch 1996). Thus, when a worker's handicap is a contagious disease like Aids, it must be shown that there would be no significant risk of the disease being transmitted in the work

place or the infected person would be neglected. In South Africa, The Occupational Health and Safety Act, requires employers to "furnish to each of his employees a workplace which is free from workplace hazards that could cause or likely cause death or serious physical harm to its employees.

In terms of The Constitution of South Africa, in terms of the Bill of Rights says: (Section 33)

- everyone has the right to fair labour practices
- everyone has the right to equal treatment

This speaks to employees being treated fairly in the workplace as far as promotion, access to flexible working arrangement etc. There was an overwhelming belief that, even though workplace programmes are presided over by a number of legal enactments, the 'best practice' codes and guidelines and more specifically, the HIV/AIDS reporting guidelines; were defenceless documents that were easily circumvented

The Labour Relations Act prevents employees from being discriminated against because of a disability (which includes HIV/AIDS). This speaks to selection, recruitment and placement in the workplace. Infected persons have the right to privacy and confidentiality about their status. Confidentiality regarding the medical information of an employee must always be kept confidential unless in the situation where disclosure has been legally authorized. This is meant to promote respect among the employees where there would be limited cases of discrimination and stigmatization, which makes the infected persons feel alienated at the workplace, which would ultimately affect their productivity. At the end of the day, the organization would also lose production if there are high cases of demoralized people working in the organization. It must also be noted that legally, an employer is not entitled to terminate contract of an infected person since this Policies alone will not solve the problems, employee's needs to be engaged to come up with workplace solutions. After all, it is they who will be expected to execute the procedures in the policies. Stigma a huge barrier for people and getting tested may prove to be difficult than expected if the process wasn't explained and explored with employees. More dialogues from local communities in using these people as activist and advocacy are important, because there is always the question of "what in it for me" does not mean to say that he is as good as somebody who is already dead.

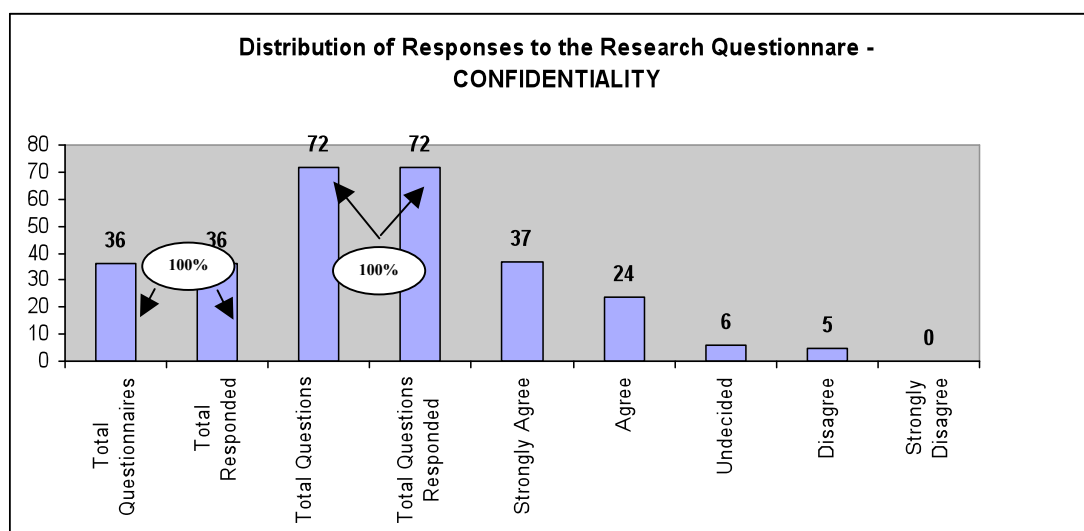


Table 4.1 - Privacy and Confidentiality – Distribution in responses to research questionnaire

On the issue of confidentiality, respondents strongly agree that this must be kept confidential at all cost. If an employee discloses his HIV/Aids status to the employer, this information shall be treated with the confidentiality it deserves, and should not be divulged to any third party under any circumstance unless there is written consent giving permission for that to happen. Breaching confidentiality in this particular case warrants disciplinary measures to be taken against the offender. The law does not require proof of the cause of the death of a person especially in cases where the employers may need to find out if an employee would have died of an AIDS related illness. This remains private and confidential.

2.1.8 Testing and counselling

The issue related to testing is one of the most controversial issues concerning the AIDS epidemic. Whilst testing is widely regarded as voluntary, in some instances it can be seen that some of the employers advocate it to be mandatory where every employee including prospective employees should be tested. However, at the present moment there is no law which compels the employees to undergo testing as a condition of securing employment in many countries. The danger with mandatory testing is that it is discriminatory and it stigmatizes the prospective employees thereby infringing their rights by excluding them from being employed. Infected persons should not be stigmatized as well as this hampers efforts to effectively deal with the spread of this incurable disease. “Stigma results in silence and when it comes to fighting AIDS, silence often means death. It suppresses public discussion and it deters

people from finding the truth,” (Mhangami 2003). It should also be taken into consideration that the employees have the right to privacy when being tested those employees who test positive should not be fired from work. It is also important that a high degree of rationality should be displayed by co-employees towards those who voluntarily display their HIV status.

Testing for HIV should be done on request by the employee and such testing shall be carried by a suitably qualified person. It must be noted that all tests should be accompanied by both pre-test and post-test counselling by a professional counsellor. This is a very important aspect of testing since it helps to remove unnecessary fear among the people who would have undergone the exercise as there would be likely chances that those who test positive would despair and ultimately break down which would negatively impact their productivity at work.

Counselling is talking about your problems with someone outside your own circle who is there to listen to you with the idea that this will help you feel better able to cope with life (Hodgkinson 1992). This is a very important aspect as far as HIV/Aids is concerned since it is primarily concerned with instilling confidence in people who feel at loss. Genuine counselling includes an explicit offer of time and expertise to the client where listening and maintaining a non-judgmental attitude is very important. In general, counselling mainly addresses two issues which are change and loss which is why it is often recommended whenever there is some of form of turning point in life where there is something that may constitute a major crisis or challenge.

The major aim of counselling is to help a person discover what a person wants in life, put him in charge and to help him become independent once more again (Hodgkinson 1992). In cases involving HIV/Aids, counselling is about empowerment of an individual where he is helped to take responsibility for his actions and be less at the mercy of others or their own emotions. It also gives us a helping hand whenever life becomes difficult because of overwhelming stress and emotion. Thus turning points in life as well as indefinable emotional problems can be resolved using counselling from a professional counsellor. The success of counselling is mainly based on the notion of trust and mutual understanding where all information would be exchanged in a free and accommodative environment with the aim of removing the fear that may be engulfing the client who is at a loss or traumatised by the fact that he would have tested.

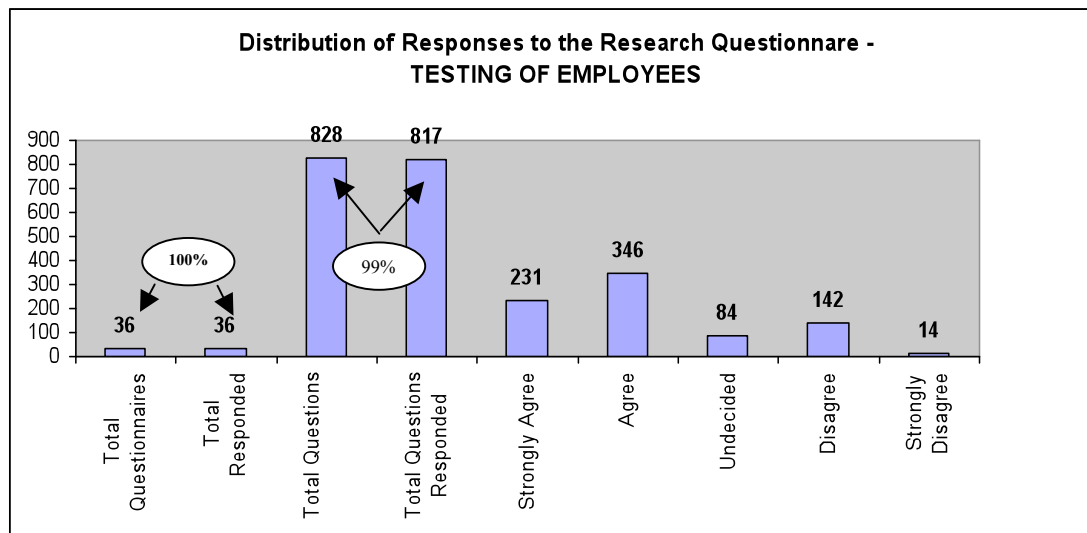


Table 5.1 - Testing and Counselling - Distribution in responses to research questionnaire

The vast majority of respondents either favoured or strongly favoured in their response that testing and counselling is still an intervention as laid out in their company policies as to the questionnaire. Seventy –one percent of all the responses were marked either ‘favour’ or ‘strongly favour’. This was despite the initial expectations from the author that responses to the questionnaire would be more evenly weighted between the two extremes of the Likert scale.

2.1.9 AIDS Education

This is probably very important in an organization after putting effective testing structures in place. A structured AIDS Programme can give management the facts needed to make informed decisions about the AIDS policy, likely to result in behaviour change among the employees such that those who test negative would avoid contracting the deadly virus, allows management and employees to respond appropriately to cases involving AIDS (Goetsch 1996). Employers and the employees must agree on HIV/Aids education programmes to be implemented in their respective organisations. There should be mutual understanding where the education is conducted using the language that is appropriate and should also take into consideration the level of education of different employees.

Education, prevention and treatment needs to be widely communicated. The focus should also be on behaviour change. These are intrinsically linked to social issues. Behaviour around sex and those issues which links to moral complications. Various beliefs, which also come in. Many times people have their own ideas of how these need to be dealt with. The idea that since HIV/Aids is a social problem, it still being

considered as a “sector” issues. Focus on behaviours, which people engage in. At risk behaviour change and how we get people to change. The stigma associated with disease is one of the biggest dilemmas due to the moral issues around that. Disclosing their status and the treatment received after that. Access to medication and case management delve into the personal issues to their infection and what the stigma issues of thing which come out. It also is about building relationship and other related referral’s, which is needed also to have a place where people, can disclose and deal with the issue, services and safe environment. Discrimination and stigma, which also have other, related trauma and creates problems.

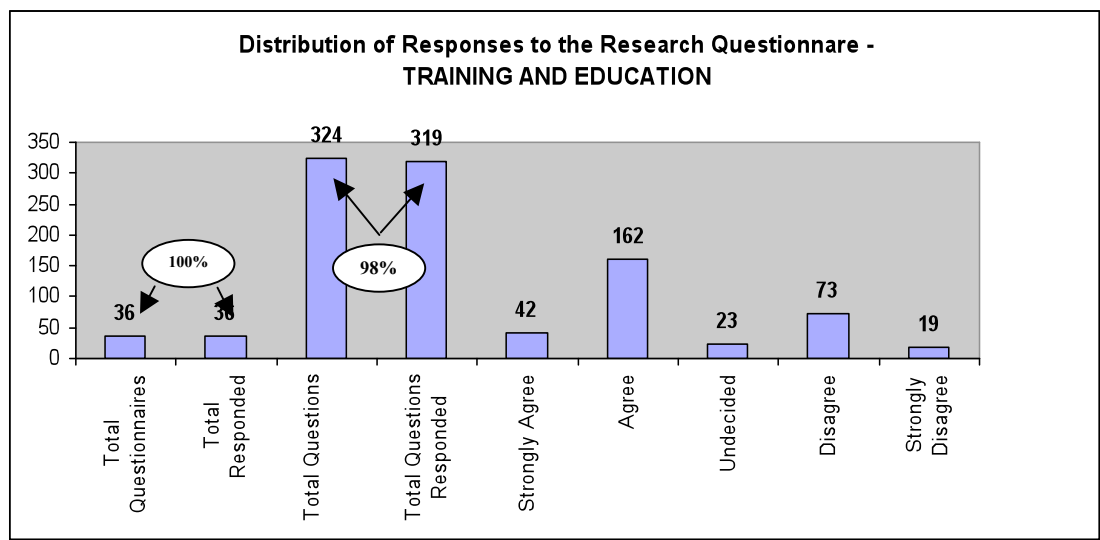


Table 6.1 - Training and Education

Most respondents agree that training and education is still relevant and must be the focus of interventions. Educational strategies must be based on consultation between the employees, employers and their organisations where in some cases it would be advisable to include the services of either government or non-government organisations with the expertise in HIV/Aids related education as well as counselling. Education alone should not be an end in itself but there would also be need for constant reviews where necessary changes should be mutually agreed by both parties. The aim of educating the employees is to protect them from AIDS where they will be taught to abstain from unprotected sex, refrain from having sex with multiple partners as remedies of minimizing the spread of the deadly virus. All the same, infected people have rights that ought to be respected in the organization. The initiative to educate people about the dangers of HIV/Aids should be governed by good practice.

AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame. This is crucial for prevention, as stigma often makes people reluctant to be tested for HIV. Somebody who is not aware of their HIV infection is more likely to pass the virus on to others. AIDS education can help to prevent this, halting stigma and discrimination before they have an opportunity to grow.

Employees who know how AIDS is transmitted would be less likely to exhibit irrational behaviour towards their infected counterparts. It can be seen that education is a very important way of combating discrimination and stigmatization in the workplaces. In this particular case, every employee would be required to take part in these educational programmes which should be conducted during the working hours since they are beneficial to all the members of a particular organization. This would also be another way of ensuring viability of the organization since it would be a major step towards the elimination of the deadly disease. Education is very important in that it removes fear among the infected employees who can openly negotiate for the termination of their contract if they are too sick to continue working. These would still be entitled to their benefits and this should be executed in a non discriminatory manner where the procedures pertaining to the conditions of employment would be adhered to.

A cure is not near in sight and the only option that is available at the moment is attempting to strengthen the mechanisms to prevent, reduce the spread and minimize the impact of HIV/Aids. Educating the employees in the work place in factual terms about the effects of their behaviour would enable to act responsibly and this can be achieved if there is a sound policy that promotes openness and acceptance of the deadly disease that is within our midst.

Chapter 3: Research Methods

This section comprises of mainly four basic steps which are involved in the process of data collection. The following are the basic steps involved in this section of methodology:

1. Research design
2. Data collection
3. Sampling technique and sample size
4. Data processing, analysis and presentation

3.1.1 Research Approach Methods

A research design is a conceptual structure, outline or blueprint of what the researcher would do in the study by following proper guidelines that are meant to obtain data that can be used to solve the research problem or answer the research question. The research has been designed in a descriptive manner which is meant to count representative samples and make inferences about the whole population. Research design represents the entire structure and working framework of the research which makes it possible and valid to draw more general conclusions from the study (Oppenheim 1992). It works as the bonding element that holds other elements and parts of research together to give a perfect blend of conclusions and consequences of research. The researcher used both primary and secondary data collection methods in order to provide reliable results. Data collection

Both qualitative and quantitative data collection techniques will be employed in this study and it will include primary as well as secondary data.

3.1.2 Qualitative Data

Qualitative data is any form of data that cannot be statistically quantified (Struwig and Stead 2004). This includes published literature which has relevance to the study and the advantage of this type of data normally referred to as secondary data is that it saves time and is essentially used in order to give a clear basic knowledge about the importance of involvement of employees in the fight against HIV/AIDS epidemic in the work place. Below is a list of secondary sources which will be used by the researcher in the process of collecting necessary data.

3.1.3 Academic Books

Academic books are more important than any other secondary sources of data. The author will use many academic books from the library and the bulk of them explain the theoretical framework upon which this study is constructed.

3.1.4 Journals

Many journals would be used in this study in order to explain the effectiveness of increased employee involvement in the formulation of HIV/AIDS policies in the work place.

3.1.5 Newspapers and Websites

Various newspaper articles which provide with current information will also be used in conducting the research. The author will also use many websites to gain more information related to the issue of HIV/AIDS and the workplace.

3.1.6 Quantitative Data

Quantitative data is any form of data that can be expressed numerically or can be counted (Struwig and Stead 2004). This often involves primary data which involves gathering data through administering questionnaires on respondents. Closed questionnaires would be used a respondent is given a choice from those available and can tick the chosen answer.

3.1.7 Advantages of Questionnaires

Questionnaires are seen as more popular research methods since each respondent is presented with similar questions that would likely to bring a reliable set of responses. The questionnaire has been selected because of the following reasons:

- Relative low cost
- No formal arrangements may be needed
- Avoids embarrassment on the part of the respondent
- Respondent can consider responses
- There is a possibility for anonymity of the respondent

The questionnaire included opinion and judgement according to the nine components of comprehensive workplace HIV/AIDS programmes identified in Chapter 1:

- Occupational Health
- Role of Safety Professionals
- Leadership commitment and strategic planning
- Annual Policy review
- Integrated approach to HIV/Aids Management
- Programme performance monitoring and reporting

3.1.8 Sampling Technique and Sample Size Selection

The sampling method used was for primary research, using the survey based questionnaire is non probability sampling procedure. In this scenario, the respondents who would be available and willing to provide feedback and insight would be included as the target respondents of the survey. They are targeted using the non-probability based sampling that allows anyone who has reliable and valid information to share or to respond to the survey. The sample size for questionnaires would basically cover about thirty 30 respondents from various organisations.

3.1.9 Validity and Reliability

Validity and reliability are concerned with checking the status of the data collected if it is valid and reliable (Struwig and Stead 2004). The research methodology to be employed has been checked for validity and appropriateness by taking feedback from the instructors and the research supervisors. The validity and the reliability of the data gathered through the questionnaire based survey would be ensured through the use of the triangulation technique whereby multiple questions would be targeted at the respondents to determine the integrity of the answers. The sources for the historical qualitative research were taken from official company websites and the peer reviewed journals and policies to ensure that the information used in the literature review was accurate and valid.

3.1.10 Data Processing, Analysis and Presentation

The analysis of the qualitative research conducted for the paper has been done through a subjective analysis of the qualitative information with the use of keywords of how involvement of employees can be effective in the formulation of HIV/AIDS policy in an organisation. Microsoft Office software will be used to analyse

qualitative data. This would include tabulation of the statistical results that would be followed by a descriptive analysis. Quantitative data will be analyzed through use of statistical software tools such as SPSS.

3.1.11 imitations of the Study

The limitations which can be faced while carrying out the research on this study include the following:

- Limited financial resources
- The organisations use different applications, designs, specifications and structures
- Limited time to gather all the necessary information
- Other respondents may not be at liberty to express their views

The study was also limited to health and safety professionals and to individuals with an in-depth knowledge of HIV/AIDS in the workplace which are involved in managing the day to day health and safety programmes the workplace. HIV/Aids programmes have already been developed and implemented in the workplace. As a result, the findings may have been weighted in favour of the cognitive biases of experienced HIV/AIDS professionals and implementers.

Chapter 4: Data Analysis

This study is based on the conceptual framework showing that occupational health measures have an influence both on the management of HIV/Aids performance of an organisation and on the productivity of employees, which relates to both their physical, mental state as well as their overall well being. In addition, through the integration of the occupational health and HIV/Aids management programmes, companies can better achieve their goals by having a combined approach to managing health and safety, as well as the well being of employees.

Information was collected in the form of literature reviews, case studies (such as the Debswana Case Study), as well as policies that have been adopted by several companies. The literature focuses on evidence and methods used to measure the extent to which HIV/Aids policies are implemented and monitored, the effects of the HIV/Aids programmes and its effectiveness company level. Based on the information gathered from these sources, the final working paper was prepared. The collection of the case studies from the several industries aims to give practical examples of companies, which have conducted projects and programmes allowing these entities to verify the impact of occupational health on productivity and quality.

A research questionnaire was used to test the hypothesis amongst safety professionals, who are managing health and safety within the workplace. About thirty professionals, mostly males, responded from industries ranging from manufacturing, mining, construction etc. Level of education includes matric and diploma in health and safety. The research also sought to establish what the level of agreement was among safety professionals regarding the Occupational Health programme as important part of workplace HIV/AIDS intervention programmes. Together with the development of a conceptual framework integrating Occupational Health as a key component for employee wellness, the findings in this area facilitated an investigation of the factors that were found to affect the inclusion of the medical surveillance programme and methodology of interventions to promote Occupational Health for the purposes of managing HIV/Aids management in the workplace. Organisations largely focus on education and information and where employees disclose their status, they are referred to EAP.

Based on the analysis of the questionnaires it is apparent that most, if not all, companies have developed HIV/Aids related policies. The overall response relating to Health and Safety is well entrenched in and understood by most of the respondents and especially the aspects of Occupational Health. An employee's status must not be compromised through any means and confidentiality within the organisation must be protected. Their rights regarding privacy must be upheld as the employee is under no obligation to inform an employer about their status.

Most of the policies commit to do the same things such as training and education. Policies embraces the international norms of non- discrimination and no pre-employment testing, and emphasizes education and information dissemination. HIV related matters are dealt with through the EAP system or Occupational health services (clinics), which are provided for by the employer. These serves are functional though primary health at the workplace. Out of the respondents on average the responsibility of managing HIV/Aids in the workplace lies with the supervisor Senior Management needs to be more involved in the process and set strategic direction. HIV/Aids is still viewed as a wellness related matter and hence should be treated as such.

However, their competence in dealing with infected employees is lacking and hence more works needs to be done in this area. There are not sufficient systems in the workplace to assist the supervisor with absenteeism and referrals. Employee's confidentiality must be upheld and any pre-employment testing in workplaces should not be allowed as this will be unconstitutional. More legislation is needed to assist employers to adhere to the National framework policies of government which relates to HIV/Aids management. Not all employers provide ARV treatment for its employees. However, employees should disclose whether they are on any medication which would affect their performance and fitness at work, including ARV's.

On the issue of Occupational Health, respondents agree that HIV/Aids should be managed as part of the overall employee wellness programme and not as part of Occupational Health. Compliance with HIV/Aids related polices are weak and this area needs to be further legislated for government to enforce some of its policies also clear that most organizations do not audit their HIV/Aids polices for implementation and effectiveness ,due to the confidentiality issues and lack of effective tools.

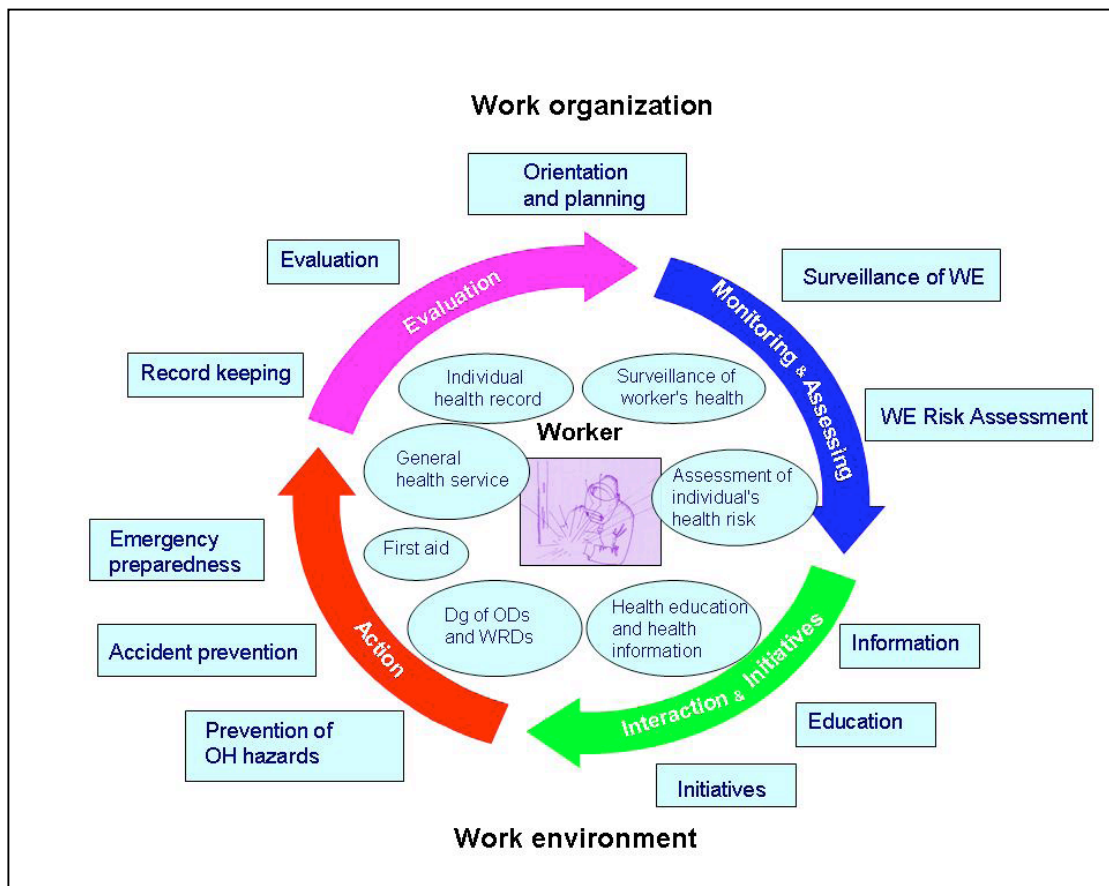


Figure 3.1 - Managing employee wellness through Occupational Health Programmes – Adapted from ILO world of work

There is an apparent lack of concrete action by business on the fight against AIDS. Little or no attention is paid to monitoring and evaluating company policies which relate to HIV/Aids. Occupational Health programmes are not integrated and are stand-alone programme, which addresses occupational health risks. Safety professionals do not get involved in HIV/Aids related matters as these are seen as medical issues and must be referred to the nursing staff. The communication and implementation of the HIV/Aids policy is delegated to the line the human resource manager. The management of HIV/Aids in the workplace is a low priority and features very little on board agendas. More work needs to be done to investigate the role of Occupational Health with other stakeholders, as respondents indicated that confidentiality must not be breached between service providers or stakeholders.

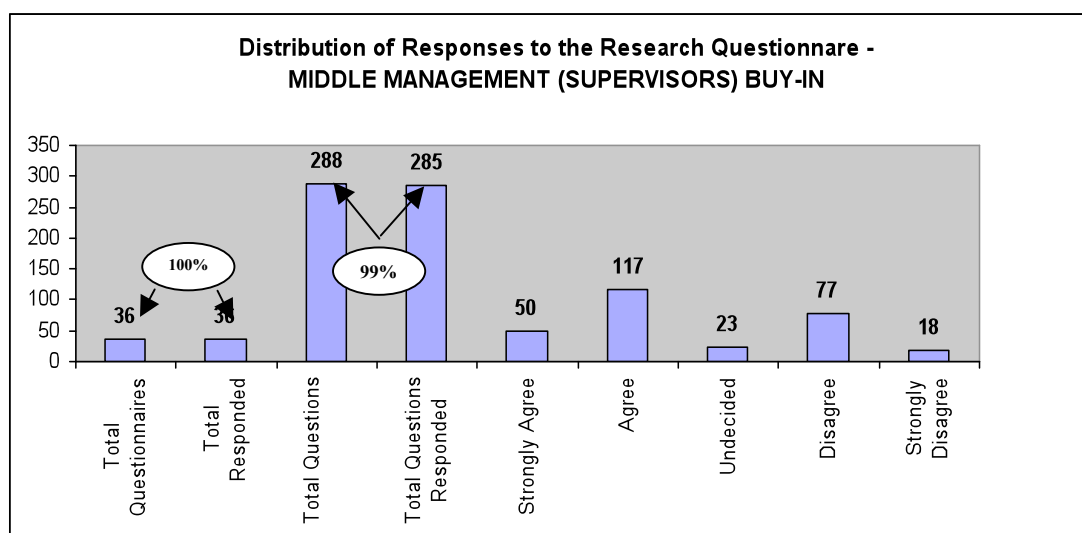


Table 7.1 - Middle Management (Supervisors) Buy-In – Distribution in response to research questionnaire

The role of middle managers in implementing various organisational systems and processes cannot be underestimated. Within the context of HIV/AIDS, ineffectual management at ground-level was seen to be particularly harmful to achieving ‘best outcomes’. A response from a representative of a large retail company highlighted this concern: It is difficult to get middle-managers to take responsibility for the implementation of HIV/AIDS programmes. If, however, you link HIV/AIDS programme outcomes to their bonuses, then things suddenly change (HIV/AIDS Business Coalition; Director respondent 2, 2006).

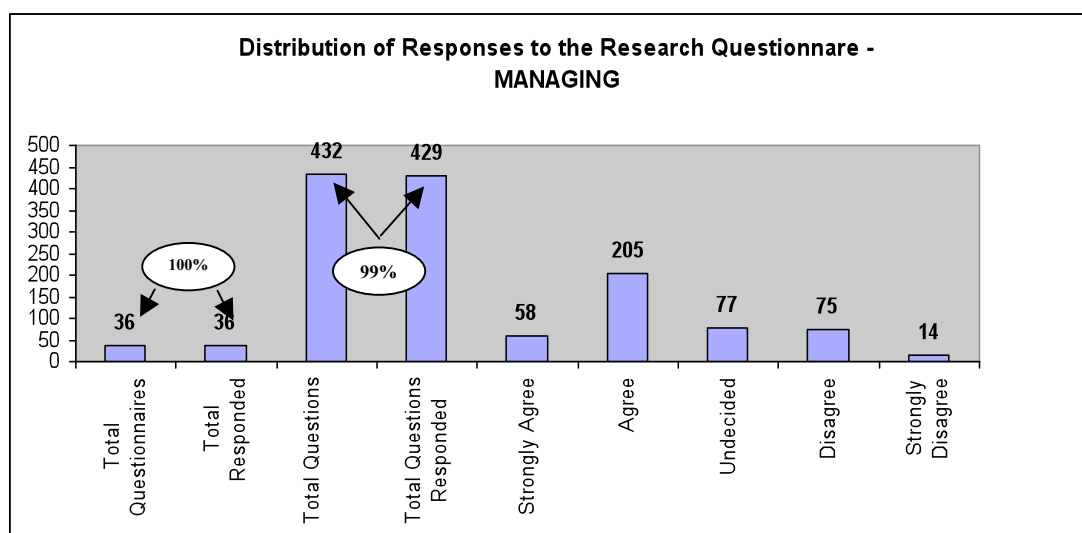


Table 8.1 - The role of stakeholders in Managing HIV/AIDS in an integrated manner

Stakeholder integration is still a new concept. Whilst a majority of respondents agree that wellness programmes must "talk" to one another, the extent and degree of the sharing must be defined as confidentiality is between service provider and client. Can stakeholders share common information without the consent of the employee even when the objective is the same? Employees will always feel exposed and vulnerable and therefore clear policies which must address what and who gets information. This is a gap where stakeholders may want to protect their turfs as well as far as information sharing is concerned. It is the responsibility of the internal stakeholders such as human resources, safety managers and employee wellness consultants to force integration through the recommended policies and programmes. The benefit is that employees receive well planned interventions without delays and case management is dealt with swiftly. Too many vocational interventions can interrupt employees where unnecessary days lost can be prevented. The medical surveillance can be discussed with the employee, shared with other specialist, managed through wellness centres and communicated in time to human resources practitioners, where applicable.

Chapter 5

5.1.1 Recommendations

Multilevel leadership and advocacy is needed from the boardroom; these refer to the necessary resources dedicated to wellness programmes and the fight against HIV/Aids within business. When there is leadership and company involvement with an organised company strategic project which is well funded and supported, programme support could extend to employees, families and communities. Thereby enhancing the organisations bottom line.

- 2 Pre-employment testing must be considered for critical positions and must be aligned with the inherent job requirements. This may mean that fair discrimination will be promoted
- 3 A strategy for engaging those stakeholders who are important to the success of the company's HIV/AIDS programme by setting standards and guidelines for such stakeholders to follow, and through collaboration and partnerships.
- 4 Internal stakeholders need to be aligned and integrated with the organization's occupational health and safety and HIV/Aids strategies. Internal partners help wellness programmes gain credibility when they work together. Ideally all strategies regarding wellness programmes should be a natural extension of the company's identity, goals and objectives.
- 5 Health and Safety professionals need to lead the development and refinement strategies for the design of occupational health management to support HIV/Aids programmes within health and safety management programmes, including providing technical support for those responsible for HIV/Aids management within organisations.
- 6 Organisations must procure; distribute ARV and related HIV/Aids disease-management medication and drugs as part of their occupational health programmes. This must be included in the Employee Assistance Programme (EAP) and other related stakeholder infrastructures.
- 7 Employee benefits must be restructured. These include improving access to comprehensive HIV prevention care and support. Medical Aid should be available and compulsory, especially if a company does not administer primary health care on their premises.
- 8 HIV/Aids programmes must be monitored and audited in line with company policies and management systems. Reporting must be done at the highest levels as well be part of the sustainability reporting annually, so that interventions and

strategies are reviewed on a continuous basis. This should be a standing item on the company's quarterly audits programme.

- 9 Organizations need to establish policies and instruments that would enable it to continuously examine the adequacy and the availability of its resources (both human and financial) to cope with the impact of the epidemic.
- 10 Anti Retro viral treatment protocols must be developed to guide occupational health professionals who are treating employees exposed to occupational hazards. Must be distributed through the occupational health clinics, this will assist employees with access and the management of diseases.
- 11 Programmes need to be developed further to uphold the health and safety of HIV-infected employees.
- 12 Organizations must mobilise resources to assist with the management of HIV/Aids programmes in occupational health, such as the active management of diseases and providing and distributing medication. These include going mobile with online information being available of websites, smart phones etc.
- 13 HIV/Aids programmes must be integrated into training courses, such as induction programmes, that organizations offer.
- 14 Implementation and enforcement of measures to eradicate HIV/AIDS-related stigma and discrimination are urgently needed to ensure that new resources and growing business commitment on HIV/AIDS are effectively translated into programmes that can halt and eventually reverse the global epidemic
- 15 Organizations have to go beyond the usual programmes to demonstrate their commitment to the prevention of business costs, benefits and human-resource implications of HIV/Aids initiatives.
- 16 Organizations need to consult with all stakeholders, particularly people living with HIV/Aids, to ensure that initiatives are appropriately directed, integrated and prioritized, even at board level.
- 17 Business urgently needs to ensure that a comprehensive package of HIV prevention services through the Occupational Health programme is implemented and coverage expanded to guarantee access to these services for all vulnerable groups.

5.1.2 Conclusion

In conclusion, it can be said that it has come to be realised that the social impact of the HIV/Aids epidemic has negative effects especially in the workplace where hundreds of productive employees succumb to the deadly disease every day in different places. The productive age group is mainly affected and effort should be made to contain the catastrophic situation. There is growing consensus that this disease must be treated with respect just like any other life threatening disease. However, for the sake of economic development, the employer should have a special obligation to suggest and implement appropriate policies at workplaces as a way of trying to mitigate the impacts of this deadly disease. Policy formulation on HIV/Aids should involve all stakeholders, service providers and any other member in an organisation so as to ensure effectiveness of the policy. It has also been noted that the employer must take a leading role in assisting the infected employees so that they remain viable to the organisation as long as their health would be still permitting. A proper response to HIV/AIDS not only makes business sense. It is also the most humane thing to do.

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